

**DECLARATION REGARDING MEDICAL TRAVEL
INSURANCE FOR SUBSEQUENT VISITS**
关于旅行医疗保险的声明

I (Surname, First Name) _____
本人 (名, 姓)

Date of Birth _____
出生日期

Holder of multiple entry visa issued by the Consulate General of Italy in Guangzhou
持有意大利驻广州总领事馆签发的多次入境签证

HEREBY DECLARE
兹声明

That, for every subsequent visit to Schengen territory within the duration of the present visa, I will be in possession of medical travel insurance that meets the following criteria:

在签证有效期内每次前往申根国家，我都拥有符合以下要求的旅行医疗保险：

- It is valid throughout Schengen territory.
保单在所有申根国家有效
- It is valid during the entire period that I will be in Schengen territory.
我在申根国家逗留期间内，保单全程有效。
- The cover is at least € 30,000.
保额不低于 30,000 欧元。
- Coverage includes repatriation for medical reasons, urgent medical care and/or emergency treatment in a hospital.
保险项目包括运送回国，急诊和/或在医院里的紧急治疗。

I will carry with me proof of this medical travel insurance, which can be presented to border control officers whenever I enter Schengen territory.

我将随身携带旅行医疗保险凭证，每当进入申根国家境内时可以向边境检查官出示。

GUANGZHOU (date) _____
广州(日期)

(Signature 签名)